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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is
	Chapter 13		amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Katerina	
Market Heart Server	First name	First name
Write the name that is on your government-issued	RL	
picture identification (for	Middle name	Middle name
example, your driver's	Smith	
license or passport	Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you	Katerina	
have used in the last	First name	First name
8 years		
	Middle name	Middle name
Include your married or maiden names.	Smith-Malone	
marasii mamasi	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX- 8066	XXX - XX-
Security number or federal Individual	OR	OR
Taxpayer Identification number	9 xx - xx-	9 xx - xx-
(ITIN)		

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D	ebtor 1 Katerina First Name	R L Smith Middle Name Last Name	Case number (if known)
	First Name	Middle Name Last Name	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		18222 Ravisloe Ter Number Street	Number Street
		Cntry Clb Hls Illinois 60478	
		City State Zip Code	City State Zip Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to
		notices to you at this mailing address.	this mailing address.
		,	
		Number Street	Number Street
		City State Zip Code	City State Zip Code
6.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I hav lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 140	08.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)
			_
			_

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De	ebtor 1 Katerina	RL	Smith	Case number (if kr.	nown)
	First Name	Middle Name	Last Name		
Pa	rt 2: Tell the Court Abo	out Your Bankruptcy Ca	ase		
7.	The chapter of the Bankruptcy Code you are choosing to file under		description of each, see <i>Notice F</i> 0)). Also, go to the top of page 1		C. § 342(b) for Individuals Filing for opriate box.
8.	How you will pay the fee	more details about cashier's check, or may pay with a cred line of the line of	how you may pay. Typically, i money order. If your attorney dit card or check with a pre-prize in installments. If you cho Your Filing Fee in Installments fee be waived (You may required to, waive your fee line that applies to your famil	f you are paying the is submitting your inted address. see this option, sign (Official Form 10) est this option only and may do so or a size and you are	the clerk's office in your local court for ne fee yourself, you may pay with cash, repayment on your behalf, your attorney gn and attach the <i>Application for</i> 3A). If you are filing for Chapter 7. By law, a new in your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
9.	Have you filed for bankruptcy within the last 8 years?	Yes. District District District		MM / DD / YYYY en MM / DD / YYYY	Case number Case number Case number
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	✓ No. Yes. Debtor District Debtor District		men MM / DD / YYYYY	Relationship to you Case number, if known Relationship to you Case number, if known
11.	Do you rent your residence?	✓ No. Go to			ost You (Form 101A) and file it with

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Smith Debtor 1 Katerina RL Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Katerina RL Smith Case number (if known) First Name Middle Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing

about credit counseling, you must file a motion for

waiver of credit counseling with the court.

about credit counseling, you must file a motion for

waiver of credit counseling with the court.

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Debtor 1 Katerina	R L	Smith	Case number (if known)	
First Name	Middle Name	Last Name		
Part 6: Answer These Qual 16. What kind of debts do you have?	No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primari	ly consumer debts? Co al primarily for a persona ly business debts? Busin r investment or through t	al, family, or household p iness debts are debts tha the operation of the busi	t you incurred to obtain ness or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that No.	ter 7. Do you estimate that a	after any exempt property i distribute to unsecured cred	s excluded and administrative ditors?
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,00 10,001-25,0	0 🗒	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001	\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001	\$10 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below				
For you	correct. If I have chosen to file under C of title 11, United States Cod under Chapter 7. If no attorney represents me a out this document, I have obt I request relief in accordance I understand making a false sconnection with a bankruptcy both. 18 U.S.C. §§ 152, 1341	Chapter 7, I am aware that e. I understand the relief and I did not pay or agree ained and read the notice with the chapter of title 1 tatement, concealing progresse can result in fines	at I may proceed, if eligible available under each charter to pay someone who is the required by 11 U.S.C. § 1, United States Code, supporty, or obtaining mone up to \$250,000, or impri	342(b). specified in this petition. ey or property by fraud in sonment for up to 20 years, or
	Signature of Debtor 1 Executed on6/4/2018		Signature of Debtor Executed on	2
		DD / YYYY	Executed Off	MM / DD / YYYY

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Debtor 1 Katerina First Name	R L	Smith Last Name	Case number (if)	known)				
First Name	Middle Name	Last Name						
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12	, or 13 of title 11, United	ave informed the debtor(s) about d States Code, and have explained the lso certify that I have delivered to the				
If you are not		-		which § 707(b)(4)(D) applies, certify that I				
represented by an		ave no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
attorney, you do not	•			a.eeea a.e peeee				
need to file this page.	/s/ Morsheda Hash	em	Date	6/4/2018				
	Signature of Attorney	****		M / DD / YYYY				
	,							
	Morsheda Hashem							
	Printed name							
	Semrad Law Firm							
	Firm name							
	11101 S. Western Ave	enue						
	Street							
	Chicago		Illinois	60643				
	City		State	Zip Code				
	Contact phone	3122374973	Email address	mhashem@semradlaw.com				
	Bar number		State					

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Katerina	R L	Smith
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

	Check if this is an
_	amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	40.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$3,625.00
1c. Copy line 63, Total of all property on Schedule A/B	\$3,625.00
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	Ф000 00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$200.00
. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$31,930.00
Your total liabilities	\$32,130.00
	,
art 3: Summarize Your Income and Expenses	
·	
	\$2,213.48
. Schedule I: Your Income (Official Form 106I)	\$2,213.48

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Deb	tor 1 Katerina	R L	Smith	Case number (if known)						
	First Name	Middle Name	Last Name							
Part	4: Answer These Qu	lestions for Administra	tive and Statistical Records	S						
6. A	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?									
Г	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.									
	✓ Yes.									
7. W	hat kind of debt do you h	nave?								
Ŀ			umer debts are those incurred by Fill out lines 8-10 for statistical pu	an individual primarily for a personal,						
		imarily consumer debts. Y rith your other schedules.	ou have nothing to report on this	part of the form. Check this box and su	ıbmit					
		our Current Monthly Incom Form 122B Line 11; OR, F	ne: Copy your total current month Form 122C-1 Line 14.	nly income from Official	\$2,531.34					
9.	Copy the following spec	ial categories of claims fr	om Part 4, line 6 of Schedule E	/F:						
	From Part 4 on Schedul	e E/F, copy the following:	Total claim							
	, , , , , , , , , , , , , , , , , , ,									
	9a. Domestic support obli	igations (Copy line 6a.)		\$0.00						
	9b. Taxes and certain other	er debts you owe the goverr	nment. (Copy line 6b.)	\$0.00						
	On Claims for death or no	ersonal injury while you were	intovicated (Capy line 6a)	\$0.00						
	9c. Claims for death of pe	isonai injury wrille you wele	sintoxicated. (Copy line oc.)	<u> </u>						
	9d. Student loans. (Copy	. Student loans. (Copy line 6f.)		\$0.00						
	9e. Obligations arising out of a separation agreement or divo		or divorce that you did not report	as \$0.00						
	priority claims. (Copy line	6g.)								
	9f. Debts to pension or pr	rofit-sharing plans, and othe	r similar debts. (Copy line 6h.)	\$0.00						

\$0.00

9g. **Total.** Add lines 9a through 9f.

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Fill in this	information to identify your o	ase:			
Debtor 1	Katerina	R L	Smith		
20010.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if fil	ling) First Name	Middle Norse	Loot Nove o		
	- I not realito	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case num	ber		(State)		
(If known)					Check if this is an
Officia	I Form 106A/B				amended filing
Sched	dule A/B: Prope	ertv			12/-
category v responsibl write your	where you think it fits best. I e for supplying correct infor name and case number (if I	Be as complete and acc mation. If more space i known). Answer every q	esset only once. If an asset fits in more curate as possible. If two married peo s needed, attach a separate sheet to uestion. Other Real Estate You Own or h	ple are filing together, both a this form. On the top of any a	re equally
			residence, building, land, or similar p		
✓	No. Go to Part 2	,,	,	,	
	Yes. Where is the property?				
		Wha	t is the property? Check all that apply.	Do not deduct secured	claims or exemptions. Put
1.1	Street address if available or	ather description	Single-family home		red claims on Schedule D: ims Secured by Property.
	Street address, if available, or other description		Suplex or multi-unit building		
			Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
		<u> </u>	Manufactured or mobile home		
	Number Street		andand nvestment property	Describe the nature o	f your ownership
			imeshare	interest (such as fee s the entireties, or a life	
	City State		Other	——————————————————————————————————————	e estate), ii kilowii.
		Who one.	has an interest in the property? Chec		mmunity property
			Debtor 1 only	Ш	
			Debtor 2 only		
		<u></u>	Debtor 1 and Debtor 2 only		
		<u></u>	at least one of the debtors and another		
			er information you wish to add about t	his item, such as local	
If you	own or have more than one, li		erty identification number:		
n you	own of have more than one, i		t is the property? Check all that apply.	Do not deduct secured	claims or exemptions. Put
1.2	Street address, if available, or	ather description	Single-family home		red claims on Schedule D: ims Secured by Property.
	Street address, if available, or	other description	Suplex or multi-unit building		· · ·
			Condominium or cooperative	Current value of the entire property?	Current value of the portion you own?
		<u> </u>	Manufactured or mobile home		
	Number Street	<u> </u>	and	Describe the nature o	f your ownership
		<u> </u>	imeshare	interest (such as fee s the entireties, or a life	
	City State		Other	——————————————————————————————————————	e estate), ii kilowii.
		Who one.	has an interest in the property? Chec		mmunity property
			Debtor 1 only		
		<u> </u>	Debtor 2 only		
		H	Debtor 1 and Debtor 2 only		
		Ħ <i>⁴</i>	at least one of the debtors and another		
			er information you wish to add about t erty identification number:	his item, such as local	

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Debtor 1	Katerina First Name	R L Middle Name	Smith Last Name	Case numbe	er (if known)	
	rirst name					
1.3Stree	et address, if available, or oth		What is the property? Check all th Single-family home Duplex or multi-unit building	at apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.
			Condominium or cooperative Manufactured or mobile home		Current value of the entire property?	Current value of the portion you own?
Nun	nber Street State	Zip Code	Land Investment property Timeshare		Describe the nature o interest (such as fee s the entireties, or a life	imple, tenancy by
Oily	Glac		Other Who has an interest in the prope Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Other information you wish to ad	another	(see instructions)	mmunity property
	the dollar value of the por ve attached for Part 1. Wri	tion you own for	all of your entries from Part 1, in	cluding any entrie	s for pages	
Do you ow		equitable interes	t in any vehicles, whether they a also report it on Schedule G: Execu	-	-	
Ī	ns, trucks, tractors, sport util		·	tory contracts and	onexpired Educes.	
3.1	Make Model: Year:	Chevrolet TrailBlazer 1992 193000	Who has an interest in the pone. Debtor 1 only	roperty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Approximate mileage: Other information: 1992 Chevrolet TrailBlazer	193000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors	and another	Current value of the entire property? \$825.00	Current value of the portion you own? \$825.00
			Check if this is communi instructions)	ty property (see		
3.2	Make Model: Year:		Who has an interest in the pone. Debtor 1 only	roperty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors	and another	Current value of the entire property?	Current value of the portion you own?
			Check if this is communi instructions)	τy property (see		

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First Name Make Model: Year: Approximate mileage: Other information:	Middle Name	Who has an interest in the pone. Debtor 1 only Debtor 2 only	roperty? Check	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> <i>iims Secured by Property.</i>
		Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)	and another	Current value of the entire property?	Current value of the portion you own?
Make Model: Year: Approximate mileage: Other information:		one. Debtor 1 only Debtor 2 only		the amount of any secu	claims or exemptions. Put irred claims on <i>Schedule D:</i> ims Secured by Property. Current value of the portion you own?
	•	Check if this is communi instructions)	ty property (see		
Make Model: Year: Approximate mileage: Other information:		one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors	/ and another	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. Current value of the portion you own?
Make Model: Year: Approximate mileage: Other information:		one. Debtor 1 only Debtor 2 only	, ,	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property. Current value of the portion you own?
V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Model: //ear: Approximate mileage: Dther information: **Craft, aircraft, motor homoles: Boats, trailers, motors, on the model: //ear: Approximate mileage: Make Model: //ear: Approximate mileage: Make Model: //ear: Approximate mileage:	Model: //ear: Approximate mileage: Dither information: // craft, aircraft, motor homes, ATVs and other ples: Boats, trailers, motors, personal watercraft, ones Make Model: //ear: Approximate mileage: Make Model: // car: Approximate mileage: Make Model: // car: Approximate mileage:	Make Model: Model: Mapproximate mileage: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions) Craft, aircraft, motor homes, ATVs and other recreational vehicles, other values: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, models: Make Model: Make Model: Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors Check if this is communi instructions) Make Model: Check if this is communi instructions) Make Model: Model:	Make Who has an interest in the property? Check one. Approximate mileage: Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Craft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories of the debtors and another of the debtors and accessories of the debtors and accessories of the debtors and accessories of the debtors and another of the debtor of the debtor of the d	Make Who has an interest in the property? Check one. Debtor 1 only Current value of the entire property?

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Debtor 1 Katerina R L Smith Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Three bedroom sets, living room set \$600.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Five TVs, cell phone, two laptops, tablet \$1200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Necklaces, rings, bracelet \$500.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2800.00 for Part 3. Write that number here

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Smith

RL

Debtor 1 Katerina Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$0.00 17.1. Checking account: Chase Liquid 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Deb	tor 1 Katerina First Name	R L Middle Name	Smith Last Name	Case number (if known)	
20.	Negotiable instruments	orate bonds and other negotiak include personal checks, cashiers' ents are those you cannot transfer	checks, promissory r	otes, and money orders.	
	Yes. Give specific information about them	Issuer name:			
21.	_		, thrift savings accour	ats, or other pension or profit-sharing plans	
	Yes. List each account	Type of account: 401(k) or similar plan:	Institution name:		
	separately.	Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments I deposits you have made so that with landlords, prepaid rent, public	c utilities (electric, gas,		
	✓ No		Institution name:		
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			
		Telephone:			
		Water:			
		Rented furniture:			
		Other:			
23.	_ `	or a periodic payment of money to	you, either for life or f	or a number of years)	
	Yes	Issuer name and description:			
				_	

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Debt	or 1 Katerina	RL	Smith	Case number (if known)	_
24.	First Name	Middle N		^{ne} program, or under a qualified state tuition program	
24.		30(b)(1), 529A(b), and 529(program, or under a quantied state fulfion program	•
	✓ No				
	Yes	Institution name and descrip	tion. Separately file the rec	ords of any interests.11 U.S.C. § 521(c):	
25.			roperty (other than anytl	ning listed in line 1), and rights or powers	
	exercisable for	or your benefit			
	✓ No				7
	Yes. Desc	1De			
	-				
26.		rrights, trademarks, trade s rnet domain names, website			
	No No	mor domain mamos, mosono	o, p. occour nom royamos		
	Yes. Desc	ribe			1
	ш				
27.	Licenses fra	 nchises, and other general	intangibles		
21.			_	n holdings, liquor licenses, professional licenses	
	✓ No				
	Yes. Desc	ribe			
Mor	nev or proper	ty owed to you?			Current value of the
Mor	ney or proper	ty owed to you?			Current value of the portion you own?
Mor	ney or proper	ty owed to you?			portion you own? Do not deduct secured
	ney or proper				portion you own?
					portion you own? Do not deduct secured
	Tax refunds ov	ved to you pecific information		Federal:	portion you own? Do not deduct secured
	Tax refunds ov ✓ No — Yes. Give s abou	ved to you pecific information t them, including whether		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds ov No Yes. Give s abou you a	ved to you pecific information		State:	portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds on No Yes. Give s abou you a and t	pecific information them, including whether lready filed the returns he tax years			portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds on No Yes. Give s abou you a and t	pecific information t them, including whether lready filed the returns he tax years	pousal support, child supp	State:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s abou you a and t	pecific information t them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past	pecific information t them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past	pecific information them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local: port, maintenance, divorce settlement, property settlement	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past	pecific information them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local: port, maintenance, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past	pecific information them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past	pecific information them, including whether lready filed the returns he tax years	pousal support, child supp	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 tt \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past No Yes. Give s Other amount	pecific information them, including whether lready filed the returns the tax years		State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	so.00
29.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past No Yes. Give s Other amount Examples: Unp	pecific information them, including whether lready filed the returns the tax years	e payments, disability bene	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: efits, sick pay, vacation pay, workers' compensation,	so.00
28.	Tax refunds on No Yes. Give s about you a and t Family suppor Examples: Past No Yes. Give s Other amount Examples: Unp Soc	pecific information them, including whether lready filed the returns ne tax years t due or lump sum alimony, s pecific information	e payments, disability bene	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: efits, sick pay, vacation pay, workers' compensation,	so.00
28.	Tax refunds on No Yes. Give s about you a and t Family support Examples: Past No Yes. Give s Other amount Examples: Unp	pecific information t them, including whether lready filed the returns ne tax years t due or lump sum alimony, s pecific information	e payments, disability bene	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: efits, sick pay, vacation pay, workers' compensation,	so.00
29.	Tax refunds on ✓ No Yes. Give s about you a and t Family support Examples: Past ✓ No Yes. Give s Other amount Examples: Unp Soc ✓ No	pecific information t them, including whether lready filed the returns ne tax years t due or lump sum alimony, s pecific information	e payments, disability bene	State: Local: Dort, maintenance, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: efits, sick pay, vacation pay, workers' compensation,	so.00

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Deb	tor 1 Katerina	RL	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance Examples: Health, disab		th savings account (HSA); credit,	nomeowner's, or renter's insurance	
	Yes. Name the insu of each policy and		Company name:	Beneficiary:	Surrender or refund value:
32.				cy, or are currently entitled to receive	
	No Yes. Describe				
33.	Examples: Accidents, er		ou have filed a lawsuit or made rance claims, or rights to sue	a demand for payment	
	Yes. Describe				
34.	Other contingent and to set off claims	unliquidated claims of	every nature, including counter	claims of the debtor and rights	
	✓ No				
	Yes. Describe				
35.	Any financial assets y	ou did not already list			
	Yes. Describe				
	-				
36.			Part 4, including any entries f		
Part	5: Describe Any B	usiness-Related Prop	perty You Own or Have an I	nterest In. List any real estate in Par	t 1.
37.	Do you own or have a	ny legal or equitable int	erest in any business-related p	roperty?	
	No. Go to Part 6.				Current value of the
	Yes. Go to line 38.				portion you own? Do not deduct secured claims or exemptions
38.	Accounts receivable	or commissions you alre	ady earned		
	No Yes. Describe				
39.	Office equipment, furr Examples: Business-rela		modems, printers, copiers, fax m	achines, rugs, telephones, desks, chairs, elec	tronic devices
	✓ No Yes. Describe				
	-				

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Deb	tor 1 Katerina First Name	R L Middle Name	Smith	Case number (if known)	
40.			Last Name e in business, and tools of yo	our trade	
	— v	. ча.ро, одрроо уод ао	o 200oo, a 100.0 o. y		
	Yes. Describe				
	ш				
41	Inventory				
41.	—				
	Yes. Describe				
	Tes. Describe				
		<u> </u>			
42.	Interests in partnersh	nips or joint ventures			
	✓ No	N	ame of entity:	% of ownership:	
	Yes. Give specific information about		•	·	
	them	_		· · ·	
		_			_
		_			
43.	Customer lists, mailing	g lists, or other compilation	ns		
	No				
	Yes. Do your lists	include personally identifiable	information (as defined in 11	U.S.C. § 101(41A))?	
	☐ No				
	Yes. Desc	cribe			
44.	Any business-related	property you did not alrea	dv list		
	—		•		
	Yes. Give specific	_			
	information	-			<u> </u>
		_			
		_			_
		_			_
		_			
45 A	dd the dellar value of	all of your ontrine from Par	t 5. including any entries for	r pages you have attached	
		er here	t 5, including any entries for		
	Describe Any F	arm- and Commercial	Fishing-Related Propert	y You Own or Have an Interest In.	
Part		n interest in farmland, list it in F		y rou own or riave arrificerest in.	
46.	Do you own or have a	any legal or equitable inter	est in any farm- or commerc	cial fishing-related property?	
	No. Go to Part 7.				Current value of the
	Yes. Go to line 47				portion you own? Do not deduct secured claims
	_				or exemptions
47.	Farm animals Examples: Livestock. p	ooultry, farm-raised fish			
	— ».	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Yes. Describe				

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Deb	tor 1 Katerina	R L	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
48.	Crops-either growing	or harvested			
	✓ No				
	Yes. Describe				
49.	Farm and fishing equip	oment, implements, machinery,	fixtures, and tools of trad	е	
	✓ No				
	Yes. Describe				
	-				
50.	Farm and fishing supp	lies, chemicals, and feed			
	✓ No				
	Yes. Describe				
51.	Any farm- and comme	rcial fishing-related property yo	ou did not already list		
	✓ No				
	Yes. Describe				
				F	
52. A	dd the dollar value of a	II of your entries from Part 6, in	cluding any entries for page	ges you have attached	
		r here			
				L	
Part	7: Describe All Pro	perty You Own or Have an	Interest in That You Di	d Not List Above	
53.		perty of any kind you did not alr	eady list?		
	Examples: Season ticket	s, country club membership			
	✓ No				
	Yes. Give specific				
	information				
54. A	dd the dollar value of a	II of your entries from Part 7. W	rite that number here		•
		•			
Part	8: List the Totals of	Each Part of this Form			
55.	Part 1: Total real estate	e, line 2			
F.C.		. 5			
56.	part 2 total vehicles, lin	e 5	\$825.00		
57. F	Part 3: Total personal ar	nd household items, line 15	\$2800.00		
58. F	Part 4: Total financial as	ssets, line 36			
					
59.	Part 5: Total business-re	elated property, line 45		<u></u>	
60.	Part 6: Total farm- and	fishing-related property, line 52			
61.	Part 7: Total other prop	erty not listed, line 54			
	-				
62.	iotai personai property.	. Add lines 56 through 61	\$3625.00		+ \$3625.00
				Copy personal property total	
					\$3625.00
63. T	otal of all property on S	Schedule A/B. Add line 55 + line 6	62		

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				Docu	ımeı	nt Page 20 o	f 67	
Fill i	n this infor	mation to identify your c	ase:					
Deb	tor 1	Katerina		RL	S	Smith		
		First Name		Middle Name	L	ast Name		
	tor 2 use, if filing)	First Name		Middle Name	L	ast Name		
Unit	ed States E	ankruptcy Court for the:	Northe	m	District	of Illinois		
Case (If knd	e number					(State)		
								Check if this is an
<u>Of</u>	ticial	Form 106C						amended filing
		e C: The Prop				•		04/16 onsible for supplying correct
as exaddi For estate the a tax-e unde your	kempt. If it	more space is needed ges, write your name n of property you cla fic dollar amount as if any applicable star etirement funds—m that limits the exemp on would be limited	I, fill out and cas aim as a exemp tutory li ay be u tion to to the a	and attach to this e number (if known exempt, you must t. Alternatively, you mit. Some exempnlimited in dollar a particular dolla applicable statuto	page spec ou ma otions amou	e as many copies of P ify the amount of the y claim the full fair r -such as those for unt. However, if you ount and the value of	e exemption you market value of health aids, righ claim an exemp	Page as necessary. On the top of any claim. One way of doing so is to the property being exempted up to the top receive certain benefits, and stion of 100% of fair market value determined to exceed that amount,
Par		tify the Property You						
1.				-	-	your spouse is filing with	you.	
		are claiming state and f		-	-	s. 11 U.S.C. § 522(D)(3)		
		are claiming federal exe	-					
2.	For any p	roperty you list on Sche	edule A/	B that you claim as	exemp	ot, fill in the information	i below.	
		cription of the property chedule A/B that lists t		Current value of the portion you own		ount of the exemption		Specific laws that allow exemption
				Copy the value from Schedule A/B				
	1992	rolet TrailBlazer, , 1992 Chevrolet Blazer		\$825.00		\$625.00; 100% of fair market va applicable statutory lin	alue, up to any	735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)
	Brief description	n·		\$600.00				735 ILCS 5/12-1001(b)
	Three	bedroom sets, room set				\$600. 100% of fair market va		_
	Line from Schedule					applicable statutory lin		
3.	(Subject to	•	and ever	y 3 years after that for	cases	filed on or after the date 1,215 days before you file		

No Yes

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Debtor 1 Katerina RL Smith Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$1,200.00 description: **✓** \$1,200.00 Five TVs, cell phone, two 100% of fair market value, up to any laptops, tablet applicable statutory limit Line from 07 Schedule A/B: 735 ILCS 5/12-1001(a) Brief \$500.00 description: $\overline{}$ \$500.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(b) \$500.00 description: $\overline{}$ \$500.00 Necklaces, rings, 100% of fair market value, up to any bracelet applicable statutory limit Line from Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$0.00 description: \$0 Checking account, 100% of fair market value, up to any Chase Liquid

applicable statutory limit

Line from Schedule A/B:

17

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		DO	Cument Page 22 01	07		
Fill in this info	rmation to identify your ca	ase:				
Debtor 1	Katerina	RL	Smith			
Dobtor 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing)	E M	MILE N				
(Spouse, Ir IIIIIg)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	Northern	District of Illinois			
Case number (If known)			(State)			
Official	Form 106D					Check if this is a mended filing
Sched	ule D: Credit	ors Who Ha	ve Claims Secur	ed by Prop	erty	12/1
more space is	needed, copy the Additi		e are filing together, both are equals of the entries, and attach it to			
	se number (if known).					
-	creditors have claims s		•			
☐ No.	Check this box and subr	nit this form to the court v	with your other schedules. You ha	ve nothing else to rep	ort on this form.	
✓ Yes	. Fill in all of the informatio	n below.				
Part 1: List	All Secured Claims					
separat	- ' -	than one creditor has a par	cured claim, list the creditor ticular claim, list the other creditors order according to the creditor's	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports	Column C Unsecured portion If any
2.1 Illinois	Title Loan	Barrier than the constant	that are made at the	\$200.00	this claim \$825.00	\$0.00
Creditor	's Name		that secures the claim:	1	Ψ020.00	
17310 Num	Torrence Ave.	As of the date you file	zer , the claim is: Check all that apply.			
		_ Contingent	,			
Lansin	a IL 60438	Unliquidated				
City	State ZIP Code	Disputed				
	wes the debt? Check one. botor 1 only	Nature of lien. Check a	all that apply			
	btor 2 only		made (such as mortgage or secured			
De	btor 1 and Debtor 2 only	car loan)				
	least one of the debtors		as tax lien, mechanic's lien)			
	d another	Judgment lien from				
	eck if this claim relates a community debt	Other (including a ri	ght to offset)			
Date d	ebt was	Last 4 digits of accou	nt number			

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$200.00

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Fill	in this infor	mation to identify your c	ase:					
Deb	otor 1	Katerina First Name	R L Middle Name	Smith Last Name				
Deb	otor 2	i list Name	Wildale Name	Lastivame				
	use, if filing)	First Name	Middle Name	Last Name				
Unit	ted States E	Bankruptcy Court for the:	Northern	District of Illinois (State)				
Cas (If kn	e number own)							
Of	ficial F	orm 106E/F				Ch	eck if this is ar	n amended filing
Sc	chedu	ule E/F: Cre	ditors Who	Have Unse	cured Claims			12/15
othe Form clain	r party to a n 106A/B) and that are entries in the vn).	any executory contracts and on Schedule G: Exe e listed in Schedule D: C	s or unexpired leases that cutory Contracts and Une creditors Who Hold Claims tach the Continuation Pa	could result in a claim expired Leases (Official Secured by Property. I	ns and Part 2 for creditors wit Also list executory contracts Form 106G). Do not include a f more space is needed, copy top of any additional pages, v	on Sched ny credito the Part y	ule A/B: Prop rs with partia ou need, fill i	perty (Official ally secured it out, number
1.	Do any c	reditors have priority un	secured claims against y	ou?				
	✓ No. (Go to Part 2.						
	Yes.							
2.	listed, idea As much Continuat	ntify what type of claim it as possible, list the claims tion Page of Part 1. If mor	is. If a claim has both priorit in alphabetical order accord e than one creditor holds a	y and nonpriority amound ding to the creditor's nam particular claim, list the ot		both priorit	y and nonprio	rity amounts.
	(For an ex	planation of each type of	claim, see the instructions f	or this form in the instruc	tion booklet.)	Total	Driority	Nonpriority

claim

amount

amount

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Debto	* *	RL	Smith	Case number (if known)	
Part 2		Middle Name	Last Name		
	o any creditors have nonpriority u				
[e court with your other schedules.	
u It	nsecured claim, list the creditor separ	ately for each claim. For	each claim li	r of the creditor who holds each claim. If a creditor has more sted, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill ou	cluded in Part 1.
					Total claim
4.1	ASSET ACCEPTANCE c/o JUTLA SA Nonpriority Creditor's Name	NJAY		Last 4 digits of account number	\$1,800.00
	11 E ADAMS #906 Number Street			When was the debt incurred?n/a	
	Number Street			As of the date you file, the claim is: Check all that apply. Contingent	
	Chicago Illinois	60603		Unliquidated	
	City State	Zip Code		Disputed	
	Who incurred the debt? Check on Debtor 1 only	e.		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and	another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to	a community debt		debts Other. Specify 2009-M1-147831	
	Is the claim subject to offset?				
	✓ No				
	Yes				
4.2	ATT Mobility Nonpriority Creditor's Name			Last 4 digits of account number	\$127.00
	One AT&T Way			When was the debt incurred?n/a	
	Number Street			As of the date you file, the claim is: Check all that apply. Contingent	
	Bedminster New Jer	sey 07921		Unliquidated	
	City State	Zip Code		Disputed	
	Who incurred the debt? Check on Debtor 1 only	e.		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and	another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to	a community debt		debts Other. Specify Phone Bill	
	Is the claim subject to offset?			Other. Specify Phone Bill	
	✓ No				
	Yes				
4.3	Check N Go Nonpriority Creditor's Name			Last 4 digits of account number	\$200.00
	2010 River Oaks Drive			When was the debt incurred?n/a	
	Number Street			As of the date you file, the claim is: Check all that apply.	
				Contingent	
	Calumet City Illinois	60409		Unliquidated	
	City State Who incurred the debt? Check on	Zip Code		Disputed	
	Debtor 1 only	. .		Type of NONPRIORITY unsecured claim:	
	Debtor 2 only			Student loans	
	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and	another		Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to	a community debt		debts Other. Specify Payday Loan	
	Is the claim subject to offset?			<u> </u>	
	✓ No				
Offic	orm 106E/F	Schedule E	/F: Creditors	s Who Have Unsecured Claims	page 2

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Debtor 1 Katerina R L Smith Case number (if known)
First Name Middle Name Last Name

Part 2	Your NONPRIORITY Unsecured Claims - Continuation	n Page	
	After listing any entries on this page, number them beginning w	rith 4.5, followed by 4.6, and so forth.	Total claim
4.4	City of Chicago - Dep't of Revenue Nonpriority Creditor's Name PO Box 88292 Number Street	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent	\$2,000.00
	Chicago Illinois 60608 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes	Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Parking tickets	
4.5	Comcast Nonpriority Creditor's Name 11621 E. Marginal Way # 5 Number Street Bankruptcy Dept Seattle Washington 98168 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number When was the debt incurred?	\$4,000.00
4.6	ComEd Nonpriority Creditor's Name 3 Lincoln Center Number Street Bankruptcy Section Oakbrook Terrace Illinois 60181 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes	Last 4 digits of account number When was the debt incurred?	\$450.00

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Debtor 1 Katerina R L Smith Case number (if known)
First Name Middle Name Last Name

Part 2	Your NONPRIORITY Unsecured Claims - Continuation	on Page	
	After listing any entries on this page, number them beginning w	vith 4.5, followed by 4.6, and so forth.	Total claim
4.7	DEVILLE ASSET MANAGEME Nonpriority Creditor's Name 1132 Glade Road Number Street	Last 4 digits of account number 11N1 When was the debt incurred? 1/2018 As of the date you file, the claim is: Check all that apply.	\$10,482.00
	Colleyville Texas 76034 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes	Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: Other. Specify SANTANDER CO-814	
4.8	IL Tollway Nonpriority Creditor's Name 2700 Ogden Ave Number Street Downers Grove Illinois 60515 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes	When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Tollway violations	\$400.00
4.9	Ingalls Memorial Hospital Nonpriority Creditor's Name PO BOX 3397 Number Street Chicago Illinois 60654-0397 City State Zip Code Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☑ No ☐ Yes	Last 4 digits of account number When was the debt incurred?	\$11,000.00

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Debtor 1 Katerina Smith RL Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page **Total claim** After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. 4.10 \$0.00 Last 4 digits of account number 5091 Nonpriority Creditor's Name Po Box 6099 When was the debt incurred? 11/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent 49204 Jackson Michigan Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V ORIGINAL CREDITOR: 10 ✓** No Other. Specify COMED Yes 4.11 Peoples Gas \$1,200.00 Last 4 digits of account number Nonpriority Creditor's Name 200 E. Randolph When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60601 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Gas Bill Is the claim subject to offset? **✓** No Yes 4.

.12	PLS - Bankruptcy	 Last 4 digits of account number 				
	Nonpriority Creditor's Name 800 Jorie Blvd 2nd Floor	When was the debt incurred? n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
	Oak Brook Illinois 60523	Unliquidated				
	City State Zip Code	Disputed				
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loans				
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	Check if this claim relates to a community debt	Other. Specify Notice Only				
	Is the claim subject to offset?					
	✓ No					
	Yes					

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Smith Debtor 1 Katerina RL Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Santander Consumer USA \$0.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 961245 When was the debt incurred? 2/2015 Number Street As of the date you file, the claim is: Check all that apply. Attn: Abel Marin Contingent Fort Worth 76161 Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 074 Automobile Is the claim subject to offset? Yes 4.14 South Suburban Cardiology Associates \$271.00 Last 4 digits of account number Nonpriority Creditor's Name 3800 W. 203rd St. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois 60461 Olympia Fields City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Medical Bill Is the claim subject to offset? **✓** No Yes South Suburban Hospital \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 17800 Kedzie Ave. Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Hazel Crest Illinois 60429 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify _

Notice Only

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Debtor 1 Katerina R L Smith Case number (if known)
First Name Middle Name Last Name

1 11 01 140	ind induction Last raine			
Part 4: Add th	ne Amounts for Each Type of Unsecured Claim			
	mounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	for s	tatistical reporting purposes	s only
			Total claims	
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00	
	6b. Taxes and certain other debts you owe the government	6b.	\$0.00	
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00	
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00	
			Total claims	
Total claims from Part 2	6f. Student loans	6f.	\$0.00	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00	
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$31,930.00	
	6j. Total. Add lines 6f through 6i.	6j.	\$31,930.00	

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Fill in this information to identify your case:							
Debtor 1	Katerina	RL	Smith				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)				
Case number (If known)			(2-33.2)				

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or company	/ with whom you have	the contract or lease	State what the contract or lease is for
2.1	Unknown, Ali Name			Residential Lease, Other,
	18222 Ravisloe Ter			Yearly Residential Lease
	Number	Street		
	Country Club Hills	Illinois	60478	
	City	State	Zip Code	

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			20	oamont rag	0 0 1 0.	
Fill in th	is infor	mation to identify your o	ase:			
Debtor	1	Katerina	R L	Smith		
		First Name	Middle Name	Last Name		
Debtor						
(Spouse, i	f filing)	First Name	Middle Name	Last Name		
United 9	States E	Sankruptcy Court for the:	Northern	District of Illinois		
0				(State)		
Case nu (If known)		-				
Offic	cial	Form 106H				Check if this is an amended filing
Sche	dul	e H: Your Cod	lebtors			12/15
		r every question. ve any codebtors? (If yo	ou are filing a joint case, do	not list either spouse as	a codebtor.	
Ida	ho, Lοι	isiana, Nevada, New Me	lived in a community pro kico, Puerto Rico, Texas, W			nity property states and territories include Arizona, California,
✓		Go to line 3.			0	
	'	•	er spouse, or legal equiva	lent live with you at the	e time?	
	<u> </u>	No				
		Yes. In which communit	y state or territory did you	ı live?	Fill in t	he name and current address of that person.
		Name of your spouse, f	ormer spouse, or legal equ	ivalent		
		Number Street				
		City	State	Zip C	ode	
3. In (Column	ı 1, list all of your codel	otors. Do not include you	r spouse as a codebto	r if your spo	use is filing with you. List the person shown in line 2

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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	6 11 116							
Fill in this i	nformation to identify	your case:						
Debtor 1	Katerina	RL	Smith		_			
	First Name	Middle Name	Last N	ame	Che	eck if this is:		
Debtor 2 (Spouse, if filir	ng) First Name	Middle Name	Last N	ame	- I п	An amended filing		
						A supplement showing post-petition chapter 13		
United State the:	es Bankruptcy Court for	Northern	District of Illi	nois state)		expenses as of the following date:		
Case number	er		(0	nai e)				
(If known)						MM / DD / YYYY		
Official	Form 106I							
Schedu	ule I: Your In	come				12/15		
information spouse. If n number (if l	about your spouse. I	f you are separated and , attach a separate she y question.	d your spous	se is not filing	with you, do	r spouse is living with you, include not include information about your ional pages, write your name and case		
1. Fill in yo	our employment		Debtor 1			Debtor 2		
informa	tion.	Employment status						
-	ave more than one job,	Employment status	✓ Emplo	-		Employed		
	separate page with ion about additional		Not Er	nployed		Not Employed		
employe		Occupation						
Include	part time, seasonal, or	Employer's name	Heather He	ealth Care Cente	er. Inc-			
self-emp	loyed work.	Employer's address			, -	-		
•	ion may include student maker, if it applies.		Number Str	eterson Ave reet		Number Street		
			 Chicago	Illinois	60646	<u> </u>		
			City	State	Zip Code	City State Zip Code		
		How long employed there?	5 years 2 r	months				
Part 2: G	ive Details About N							
spouse unl	ess you are separated.	-	•		•	write \$0 in the space. Include your non-filing		
	our non-filing spouse have e, attach a separate she		combine the			or that person on the lines below. If you need For Debtor 2 or		
				For	Debtor 1	non-filing spouse		
		ary, and commissions (befo , calculate what the monthly		2.	\$2,218.62			
3. Estima	ate and list monthly ove	rtime pay.		3.	+ \$0.00			
4. Calcu	late gross income. Add li	ne 2 + line 3.		4.	\$2,218.62			

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Debtor	ebtor 1 Katerina R L Smith First Name Middle Name Last Name		Case number (if					
	First Name	Milddle Name L	Last Name		known) For Debtor 1	For Debtor 2 or non-filing spouse		
Copy	/ line 4 here		→	4.	\$2,218.62			
5. List :	all payroll ded							
5a. -	Tax, Medicare,	and Social Security deductions		5a.	\$365.93			
5b.	Mandatory cor	tributions for retirement plans		5b.	\$0.00			
5c. \	Voluntary cont	ributions for retirement plans		5c.	\$0.00			
5d.	Required repay	yments of retirement fund loans		5d.	\$0.00			
5e. I	Insurance			5e.	\$0.00			
5f. C	Domestic supp	ort obligations		5f.	\$0.00			
5g.	Union dues			5g.	\$73.21			
5h.	Other deduction	ons. Specify:	_	5h. +	\$0.00			
6. Add +5h.	the payroll ded	ductions. Add lines 5a + 5b + 5c + 5d + 5e +5f	f + 5g	6.	\$439.14			
7. Calc	ulate total mo	nthly take-home pay. Subtract line 6 from line	4.	7.	\$1,779.48			
8. List	all other incon	ne regularly received:						
ı	business, profe	m rental property and from operating a ession, or farm ent for each property and business showing						
į (gross receipts, c	ordinary and necessary business expenses, and						
	the total monthl	•		8a.	\$0.00			
	Interest and di			8b.	\$0.00			
(dependent reg	payments that you, a non-filing spouse, or a ularly receive , spousal support, child support, maintenance,	a					
		nt, and property settlement.		8c.	\$0.00	- <u></u> -		
8d.	Unemployment	t compensation	;	8d.	\$0.00	- <u></u> -		
8e. \$	Social Security	•	;	8e.	\$0.00	- <u></u> -		
li c u h	nclude cash ass cash assistance under the Supple nousing subsidie Specify:	ent assistance that you regularly receive sistance and the value (if known) of any non- that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es		8f.	\$434.00			
_		rement income		8g.	\$0.00			
8h.	Other monthly	income. Specify:		8h. +	\$0.00			
	•	ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +		9. [\$434.00			
				L				
		income. Add line 7 + line 9. ne 10 for Debtor 1 and Debtor 2 or non-filing sp		10.	\$2,213.48	-	=	\$2,213.48
Inclu frien	ude contribution ds or relatives.	gular contributions to the expenses that you is from an unmarried partner, members of your amounts already included in lines 2-10 or amounts.	household	d, your o	dependents, your roomi			
Spec	cify:						11. +	\$0.00
		n the last column of line 10 to the amount in					12.	40.040.40
Write	e that amount o	n the Summary of Schedules and Statistical Sur	mmary of	Certain I	Liabilities and Related D	<i>ata</i> , if it applies		\$2,213.48 Combined
13. Do	you expect an No. Yes. Explain:	increase or decrease within the year after y	you file th	is form	?			monthly income

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		Docu	illelit Page 34 01 0			
Fill in this infor	mation to identify	your case:				
Debtor 1	Katerina	R L	Smith			
	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng	
United States I	Bankruptcy Court fo		District of Illinois (State)		howing post-petitio the following date:	n chapter 13
Case number (If known)			(Otalo)	MM / DD / YYY	<u>Y</u>	
Official	Form 106	SJ				
Schedul	e J: Your E	Expenses				12/15
information. If	more space is nee	s possible. If two married people a eded, attach another sheet to this				mber
	wer every questio					
	cribe Your Hou	sehold				
1. Is this a join	int case?					
✓ No. G	o to line 2					
Yes. D	oes Debtor 2 live i	in a separate household?				
[No					
[Yes. Debtor 2 m	nust file Official Forms 106J-2, Expen	ses for Separate Household of Deb	tor 2.		
2. Do you hav	re dependents?	No				
Do not list I Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does depender with you?	nt live
			Child	4 years	☐ No. ✓ Yes.	
			Child	17 years	No.	
			Office		Yes.	
	penses include	✓ No				
than yourself an dependent	-	Yes				
		oing Monthly Expenses				
	_		race are regions this forms on a commu	amout in a Chautau 1	2	
-	of a date after the	our bankruptcy filing date unless y bankruptcy is filed. If this is a sup				ıe
		non-cash government assistance ided it on Schedule I: Your Income			Your	expenses
	I or home ownershor the ground or lot	nip expenses for your residence. In . 4.	clude first mortgage payments and		4.	\$600.00
If not inc	luded in line 4:					
4a. Real e	state taxes				4a	\$0.00
4b. Prope	rty, homeowner's.	or renter's insurance			4h	\$0.00

\$0.00

\$0.00

4c.

4d.

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 R L Smith Last Name
 Case number (if known)

 Last Name
 Middle Name

5. Additional mortgage payments for your residence, such as home equity loans 5. \$0.00 6. Utilities: 6. \$0.00 6. Utilities: 6. \$2065.00 6. Utilities: 6. \$2065.00 6. Water, sewer, garbage collection 6. \$0.00 6. Crelephone, coll phone, Informet, statellite, and cable services 6. \$0.00 6. Chelphone, coll phone, Informet, statellite, and cable services 6. \$0.00 6. Chelphone, coll phone, Informet, statellite, and cable services 6. \$0.00 6. Chelphone, coll phone, Informet, statellite, and cable services 6. \$0.00 6. Chelphone, coll phone, Informet, statellite, and cable services 6. \$0.00 6. Chelphone, coll phone, Informet, statellite, and cable services 7. \$640.00 8. Chelphone, coll phone, Informet, statellite, and cable services 8. \$10.00 9. Chelting, Bundry, and dry cleaning 9. \$15.00 10. Chelphone, Guardian 11. \$0.00 11. Medical and dental seynness 11. \$0.00 12. Characterian, Included saynness 13. \$0.00	First Name	Middle Name Last Name		
6. Ullities 6a. \$265.00 6b. Electricity, heat, natural gas 6b. \$20.00 6b. Water, sewer, garbage collection 6b. \$200.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$200.00 6c. Other, Specify; 6d. \$200.00 7. Food and housekeeping supplies 8. \$0.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$135.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$250.00 Do not include car payments 12. \$250.00 14. Charitable contributions and religious donations 13. \$0.00 15. Insurance. 15a \$0.00 15. Insurance. 15a \$0.00 15. Insurance. 15a \$0.00 15. Insurance. 15a \$0.00 15. Use insurance. 15a \$0.00 15. Chierin insurance. \$0.00				Your expenses
6a. Electricity, heat, natural gas	5. Additional mortgage paym	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$200.00 6d. Other, Specify: 7. \$440.00 7. Food and housekceping supplies 7. \$440.00 8. Childcare and children's education costs 8. \$0.00 9. Citothing, laundry, and dry cleaning 9. \$135.00 10. Personal care products and services 11. \$50.00 11. Medical and dental expenses 11. \$20.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$250.00 10. Do not include care payements 13. \$0.00 14. Charitable contributions and religious donations 13. \$0.00 15. Insurance 15 \$0.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance. Specify: 15 \$0.00 17c. The surance. Specify: 17a \$0.00 <t< td=""><td>6. Utilities:</td><td></td><td></td><td>·</td></t<>	6. Utilities:			·
6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$200.00 6d. Other, Specify: 6d. \$0.00 7. Food and housekeeping supplies 7. \$840.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$135.00 10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$250.00 15. Instraction, personal care products and religious donations 14. \$0.00 14. Charitable contributions and religious donations 13. \$0.00 15. Instracte. 15. \$0.00 15. Life insurance 156. \$0.00 15. Leath insurance 156. \$0.00 15. Leath insurance 156. \$0.00 15. Leath insurance. 156.	6a. Electricity, heat, natural g	gas	6a.	\$265.00
6d. Other. Specify 6d \$0.00 7. Food and housekeeping supplies 7, \$64.00 8. Childcare and children's education costs 8. \$0.00 9. Clothing, laundry, and dry cleaning 10. \$55.00 10. Personal care products and services 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$250.00 10. Include car payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 15 \$0.00 15. List insurance 15 \$0.00 15. Lealth insurance deducted from your pay or included in lines 4 or 20. \$0.00 15. Health insurance 15 \$0.00 15. Lealth insurance. 15 \$0.00 15. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Taxatallment or lease payments. 17 \$0.00 17. Cax payment	6b. Water, sewer, garbage co	ollection	6b.	\$0.00
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10. Personal care products and services 10. \$50.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$250.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15a. Life insurance 15a \$0.00	8. Childcare and children's e	ducation costs	8.	\$0.00
11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$250.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$20.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 17c. Vehicle insurance 17c. Other. Specify: 17c. Other. Specify:	9. Clothing, laundry, and dry	cleaning	9.	\$135.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$250.00	10. Personal care products a	nd services	10.	\$50.00
Do not included car payments 13. 20.00 13. 20.00 14. 20.00 14. 20.00 15. 1	11. Medical and dental exper	nses	11.	\$0.00
14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. So.00 15b. Health insurance 15b. \$0.00 15c. Vehicle insurance 15c. \$65.00 15c. Vehicle insurance. Specify: 15d. \$0.00 15d. Other insurance. Specify: 15d. \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance. Specify: 16 17. Installment or lease payments: 16 \$0.00 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 Specify: 19. \$0.00 20a. Mortgages on other property 20a \$0.00 20b. R	-		12.	\$250.00
15. Insurance.	13. Entertainment, clubs, rec	reation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15c \$65.00 15c. Vehicle insurance 15c \$65.00 15c. Vehicle insurance. Specify 15d \$0.00 15d. Other insurance. Specify 15d \$0.00 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 16 \$0.00 17c. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Other. Specify 17c \$0.00 17c. Other. Specify 17d \$0.00 17d. Other. Specify 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	14. Charitable contributions	and religious donations	14.	\$0.00
15b. Health insurance		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	15c. Vehicle insurance		15c	\$65.00
Specify:	15d. Other insurance. Specif	fy:	15d	\$0.00
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00 \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00 \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 \$0.00	16. Taxes. Do not include taxes	s deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. So.00 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease paym	nents:	10	
17c. Other. Specify: 17d. S0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehic	ele 1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehic	cle 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.			17d	\$0.00
19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00				\$0.00
Specify:	, , ,	,	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		e to support others who do not live with you.	10	#0.00
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		ses not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	\$0.00
20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00			202	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses. 20d \$0.00		s, or renter's insurance		
	20e. Homeowner's associati	ion or condominium dues		

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Debtor 1			RL	Smith	Case number (if known)		
	First Na	ame	Middle Name	Last Name			
21.Other	r. Spec	ify:				21	\$0.00
						г	
	-	our monthly expenses.					 \$2,205.00
		es 4 through 21.					\$0.00
22b. (Copy li	ne 22 (monthly expenses	for Debtor 2), if any,	from Official Form 106J-	2		 \$2,205.00
22c. A	Add line	e 22a and 22b. The resul	22.				
23.Calcu	ılate y	our monthly net income).				
23a. 0	Copy lii	ne 12 (your combined me	onthly income) from	Schedule I.		23a	 \$2,213.48
23b. (23b. Copy your monthly expenses from line 22 above.						 \$2,205.00
23c. S	Subtrac	t your monthly expenses	from your monthly i	ncome.			\$8.48
-	The res	sult is your monthly net in	icome.			23c	
24 Do vo	nii eyn	ect an increase or deci	rease in vour exnen	ses within the year after	r you file this form?		
24. D 0 y	Ju exp	ect an increase of deci	ease iii your expen	ses within the year after	you me this form:		
				oan within the year or do yon dification to the terms of			
IIIOI	yaye p	ayment to increase or de	crease because or a r	modification to the terms t	n your mongage!		
✓ N	10						
П	'es						
		F. delete been					
		Explain here:					

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Fill in this information to identify your case:									
Debtor 1	Katerina	R L	Smith						
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse, if filing)	First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:		Northern	District of Illinois (State)						
Case number	-								

Official Form 106Dec

П	Check if this is an
	amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pai	t 1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	nelp you fill out bankruptcy forms?
	☑ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and
×	/s/ Katerina Smith	*
	Signature of Debtor 1	Signature of Debtor 2
	Date 6/4/2018	Date
	MM/DD/YYYY	MM/DD/YYYY

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Date	his information to	identily your	case:				
Debtor	1 Katerina	ı	R L	Smith			
Debtor	First Na	me	Middle	Name Last Nam	е		
(Spouse,		me	Middle	Name Last Nam	e		
United	States Bankruptc	Court for the	Northern	District of Illino	is		
Case nu	umber			(Stat	re)		
(If known))						Chook if this is
Offic	cial Form	າ 107					Check if this is amended filing
			al Affaira	for Individuals	Filing for Bankr	untov	04/
nforma	ation. If more s er (if known). Ar	pace is need swer every o	ed, attach a ser question.		together, both are equally . On the top of any addition Before		
1. V	What is your curr	ent marital s	tatus?				
г	☐ Married						
L [:	Not married						
	<u>.</u>						
2. D	Ouring the last 3	years, have y	ou lived anywhei	re other than where you li	ve now?		
<u> </u>	✓ Yes. List all c	of the places y	ou lived in the las	st 3 years. Do not include v	where you live now.		
	Debtor 1:			Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
					Same as Debtor 1		Same as Debtor 1
	6828 S Come	lle			Same as Debtor 1		Same as Debtor 1
	6828 S Come			From	Same as Debtor 1 Number Street		Same as Debtor 1
				From To			
	Number Stree	Illinois	60649 Zip Code		Number Street	Zip Code	From
	Number Stree	et	60649 Zip Code			Zip Code	From
	Chicago City	Illinois State			Number Street City State Same as Debtor 1	Zip Code	From To
	Number Stree	Illinois State		То	Number Street City State	Zip Code	From To Same as Debtor 1
	Chicago City	Illinois State		To	Number Street City State Same as Debtor 1	Zip Code	From To Same as Debtor 1

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Debto	or 1	Katerina R L	Smith		umber (if known)	
			e Name Last Na	ame		
Part 2	2:	Explain the Sources of Your Inc	come			
F	ill ir	you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details.	ved from all jobs and all bus	sinesses, including part-time		ears?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		om January 1 of current year until e date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$11463.23	Wages, commissions, bonuses, tips Operating a business	
		or last calendar year: anuary 1 to December 31, 2017) YYYY	Wages, commissions, bonuses, tips Operating a business	\$18412.00	Wages, commissions, bonuses, tips Operating a business	
		or the calendar year before that: anuary 1 to December 31, 2016) YYYY	Wages, commissions, bonuses, tips ☐ Operating a business	\$15000.00	Wages, commissions, bonuses, tips Operating a business	
Ir p fi	nclu ubli ling ist e	you receive any other income during de income regardless of whether that in c benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details.	ncome is taxable. Examples come; interest; dividends; n you received together, list it	of other income are alimony; on oney collected from lawsuits; tonly once under Debtor 1.	royalties; and gambling and I	
Ľ			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		rom January 1 of current year until ne date you filed for bankruptcy:	Est. YTD LINK 2017 Tax Refund	\$2,170.00 \$7,258.00		
		or last calendar year: anuary 1 to December 31, 2017) YYYY	Est. LINK	\$5,208.00 \$0.00		
		or the calendar year before that: anuary 1 to December 31, 2016) YYYY	Est. LINK	\$5,208.00 \$0.00		

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Smith Debtor 1 Katerina R L Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Was this payment Total amount paid Amount you still owe for Mortgage 03/2018 \$1600.00 \$0.00 Unknown, Ali Creditor's Name Car 18222 Ravisloe Ter Credit card Number Street Loan repayment Country Club Illinois 60478 Suppliers or Hills vendors City State Zip Code Other ✓ Mortgage \$600.00 Baker College Prep 02/2018 \$0.00 Creditor's Name 2710 E 89th St, Credit card Number Street Loan repayment Chicago Illinois 60617 Suppliers or City State Zip Code vendors **Other** Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code vendors Other

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1	Katerina		R L	Sm		Case number	(if known)
	First Name		Middle Name	Last	Name		
nsi orp	ders include your operations of which	relatives; ar you are ar or a busin	ny general partners n officer, director, p ess you operate as	r; relatives of any goerson in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; g securities; and any managing domestic support obligations,
✓	No						
Ħ	Yes. List all pay	ments to a	ın insider.				
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	No	-	ranteed or cosigne		Total amount paid	Amount you still owe	Reason for this payment
				p 1,	F		Include creditor's name
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
			-				
	Number Street						
	Number Street	State	Zip Code				

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Debtor 1 Katerina Smith Case number (if known) First Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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Debt	or 1	Katerina	RL	Smith	Case number (if known)		
		First Name	Middle Name	Last Name			
11.		thin 90 days before you filed counts or refuse to make a			nk or financial institution,	set off any amou	nts from your
	✓	No Yes. Fill in the details.					
		1		Describe the action the	creditor took	Date action	Amount
						was taken	
		Creditor's Name					
		Number Street					
				Last 4 digits of account nu	mber: XXXX-		
		City State	Zip Code				
12.	Wit	hin 1 year before you filed fo		y of your property in the po	essession of an assignee fo	or the benefit of c	reditors, a court-
		pointed receiver, a custodia			C		,
	$\overline{\mathbf{A}}$	No Yes					
Part	5:	List Certain Gifts and C	ontributions				
13.	Wi	ithin 2 years before you filed	d for bankruptcy, did y	ou give any gifts with a tot	al value of more than \$600	per person?	
	✓	No Yes. Fill in the details for e	each gift.				
		Gifts with a total value of per person	more than \$600	Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave	the Gift				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person to Whom You Gave	the Gift				
		Number Street					
		City State	Zip Code				
		Person's relationship to you					

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ebtor 1	Katerina	RL	Smith	Case number (if know)	n)	
	First Name	Middle Name	Last Name	<u> </u>		
Wi						
Wi	thin 2 years before you	ı filed for bankruptcy, d	id you give any gifts or contribut	ions with a total value o	f more than \$600	to any charity?
V	No					
Ė	ı İ. Yes. Fill in the details	for each gift or contribu	ıtion			
		-				
	Gifts or contribution		Describe what you contrib	outed	Date you	Value
	that total more than	\$600			contributed	
	Charity's Name		_			
			<u></u>			
	Number Street		_			
	City St	ate Zip Code	_			
6:	List Certain Losses	S				
Wit	hin 1 year before you	filed for bankruptcy or s	since you filed for bankruptcy, di	d you lose anything beca	ause of theft, fire,	other disaster, or
gai	nbling?					
✓	No					
	Yes. Fill in the details					
	res. Fill III the details	•				
	Describe the proper		Describe any insurance co		Date of your	Value of property
	how the loss occurr	ed	Include the amount that insu		loss	lost
			pending insurance claims or A/B: Property.	1 line 33 of <i>Scheaule</i>		
			A.B. Floperty.			
7:	List Certain Paymo	T				
✓	No Yes. Fill in the details					
			Description and value of a transferred	ny property	Date payment or transfer was made	Amount of payment
	Somrad Law Eirm		Attornavia Fee 0.00			90.00
	Semrad Law Firm Person Who Was Paic		Attorney's Fee - 0.00		6/4/2018	\$0.00
	11101 S. Western Ave					
	Number Street		_			
			_			
		nois 60643	_			
	City St	ate Zip Code				
	E		_			
	Email or website address None	ess				
	Person Who Made the	Payment if Not You	_			
	. SISSII WIIIS MIAUG UIR	ajmoni, ii ivot 10u				
	Person Who Was Paic					
						
	Number Street					
	Number Street		_			
			_			
		ate Zip Code	_			
	City St		_ _ _			
			_ _ _			
	City St	ess	_ _ _ _			

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Debtor	1 Katerina	RL	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
he		editors or to make payr	nents to your creditors?	behalf pay or transfer any property to any	one who promised to
~	No				
	Yes. Fill in the details.				
			Description and value of any p transferred	payment or transfer was made	Amount of payment
	Person Who Was Paid		-		
	Number Street		-		
	City Sta	te Zip Code	- -		
th In	e ordinary course of you	r business or financial a ers and transfers made as	affairs? security (such as the granting of a sec	ofer any property to anyone, other than procurity interest or mortgage on your property).	
Ë	Yes. Fill in the details.				
			Description and value of propertransferred	erty Describe any property or payments received or debts paid in exchange	Date transfer was made
	Person Who Received	Fransfer	-		
	Number Street		_		
	City Star Person's relationship to	•	-		
	Person Who Received	Transfer	-		
	Number Street		- -		
	City Star Person's relationship to	•	-		
be	Ithin 10 years before you eneficiary? nese are often called asset		id you transfer any property to a se	elf-settled trust or similar device of which	you are a
Ē	No	. ,			
L	Yes. Fill in the details.		Description and value of the	property transferred	Date transfer was made
	Name of trust				

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Debtor 1 Katerina Smith R L Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Debtor 1 Katerina Smith Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Debt		Katerina		RL	Smith	Case nur	mber (if known)	
		First Name		Middle Name	Last Name			
26.	Hav	e you been a part	y in any judic	ial or adminis	rative proceeding unde	er any environmental l	aw? Include settlements and orde	ers.
		No Yes. Fill in the det	ails.					
	_				Court or agency	N	ature of the case	Status of the case
		Case title						Pending
					Court Name			On appeal
		Case number			NumberStreet			Concluded
		•			City State	Zip Code		_
Part	11:	Give Details Ab	oout Your E	Business or C	onnections to Any B	usiness		
27.	With	nin 4 years before	you filed for	bankruptcy, di	d you own a business o	r have any of the follo	wing connections to any business	?
					rade, profession, or other	•	ne or part-time	
		A member of A partner in a			(LLC) or limited liability p	partnersnip (LLP)		
			-		ive of a corporation			
		An owner of	at least 5% c	of the voting or	equity securities of a co	rporation		
	✓	No. None of the a						
	Ц	Yes. Check all tha	at apply abo	ve and fill in the	e details below for each	business. ture of the business	Employer Identification n	umber Do not
					Describe the na	ture of the business	include Social Security n	
		Business Name					EIN:	
		Number Street			Nome of accoun	tant or bookkeeper	Dates business existed	
		City	State	Zip Code		tall of bookkeeper	From To	
					Describe the na	ture of the business	Employer Identification n include Social Security n	
		Business Name					EIN:	
		Number Street			_		Dates business existed	
		City	State	Zip Code	Name of accoun	tant or bookkeeper	From To	
					Describe the no	ture of the business	Employer Identification n	umber De net
					Describe the na	ture of the pushiess	include Social Security n	
		Business Name			_		EIN:	
		Number Street			Name of accoun	tant or bookkeeper	Dates business existed	
		City	State	Zip Code	—	tant of bookkeepel	From To	

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Deb	tor 1 Kate	ina	RL	Smith	Case number (if known)
	First	Name	Middle Name	Last Name	
28.		years before you filed s, or other parties.	for bankruptcy, did you	ı give a financial statemer	nt to anyone about your business? Include all financial institutions,
	Yes	. Fill in the details belo	W.		
	_			Date issued	
	Na	ne		MM/DD/YYYY	
	Nu	mber Street			
	140	THE CHOOL			
	Cit	State	Zip Code		
Part	12: Sic	n Below			
t	true and o	orrect. I understand t	hat making a false stat fines up to \$250,000, o	ement, concealing proper	nts, and I declare under penalty of perjury that the answers are try, or obtaining money or property by fraud in connection with 90 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Signature of Del			Signature of Debtor 2
		ū			Date
		Date 6/4/2018			
	Did you at	tach additional pages	to Your Statement of F	inancial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?
ſ	√ No				
į	Yes				
	Did you pa	y or agree to pay som	eone who is not an att	orney to help you fill out b	ankruptcy forms?
Г	√ No				
į	Yes. N	lame of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:								
Debtor 1	Katerina	RL	Smith					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States E	Bankruptcy Court for the:	Northern	District of Illinois					
			(State)					
Case number (If known)								

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.					
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?			
	Creditor's name: Illinois Title Loan Description of property securing debt: 1992 Chevrolet Trailblazer	Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and	No. ✓ Yes.			
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	No. Yes.			
	ditor's ne: scription of perty uring debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:	No. Yes.			
	Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and	□ No. □ Yes.			

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Debtor	· Katerina	RL	Smith	Case number (i	f
1	First Name	Middle Name	Last Name	known)	
Part 2:	List Your Unexpired Pers	onal Property Leases			
informa		tate leases. Unexpired le	ases are leases that are s	still in effect; the lea	ed Leases (Official Form 106G), fill in the ase period has not yet ended. You may
Des	scribe your unexpired persona	I property leases			Will the lease be assumed?
Les	ssor's name:				□ No □ Yes
	scription of leased operty:				
Les	ssor's name:				☐ No ☐ Yes
	scription of leased operty:				
Les	ssor's name:				No Yes
	scription of leased perty:				
Les	ssor's name:				☐ No ☐ Yes
	scription of leased perty:				
Les	ssor's name:				☐ No ☐ Yes
	scription of leased operty:				
Les	ssor's name:				☐ No ☐ Yes
	scription of leased perty:				
Les	ssor's name:				No Yes
	scription of leased operty:				
Part 3:	Sign Below				
Unde			intention about any prop	erty of my estate th	at secures a debt and any personal
_	/s/ Katerina Smith		*		
Si	ignature of Debtor 1		Signatur	re of Debtor 2	
D	Pate 6/4/2018		Date _		
	MM/DD/YYYY		N	IM/DD/YYYY	

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

		Nortnern Distri	ct of Illinois	
n re	Katerina R L Smith		Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATIO	N OF ATTORNEY F	OR DEBTOR
1	. Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf	year before the filing of the	petition in bankruptcy, or agreed t	to be paid to me, for services
	For legal services, I have agreed to ac	ocept		\$1,765.00
	Prior to the filing of this statement I I	have received		\$0.00
	Balance Due			\$1,765.00
2	. The source of the compensation paid	d to me was:		
	✓ Debtor	Other (specify)		
3	. The source of the compensation paid	d to me is:		
	✓ Debtor	Other (specify)		
4	I have not agreed to share the ab		on with any other person unless th	ey are
		w firm. A copy of the agreem	ith a other person or persons who ent, together with a list of the nam	
5	. In return for the above-disclosed fee	, I have agreed to render lega	al service for all aspects of the ban	kruptcy case, including:
	 a. Analysis of the debtor's finar bankruptcy; 	ıcial situation, and rendering	advice to the debtor in determining	ng whether to file a petition in
	b. Preparation and filing of any	petition, schedules, stateme	ents of affairs and plan which may	be required;
	c. Representation of the debtor	at the meeting of creditors a	and confirmation hearing, and any	adjourned hearings thereof;
6	. By agreement with the debtor(s), the	above-disclosed fee does n	ot include the following services:	
		CERTIFIC	ATION	
	I certify that the foregoing is a complet tor(s) in this bankruptcy proceedings.	te statement of any agreeme	nt or arrangement for payment to	me for representation of the
	6/4/2018		/s/ Morsheda Hashem	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re:	Smith, Katerina R L	Case No.	
	Debtor(s)	Odse No.	
		Chapter.	Chapter7
	VERIFICA	ATION OF CREDITOR MAT	RIX
Th knowledge	ne above named Debtors hereby verify t e.	hat the attached list of creditors is tru	ue and correct to the best of their
Date:	6/4/2018	/s/ Smith, Katerin Smith, Katerina R Signature of Deb	RL

DEVILLE ASSET MANAGEME 1132 Glade Road Colleyville, TX, 76034

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

LJ ROSS Po Box 6099 Jackson, MI, 49204

Illinois Title Loan 1720 Plainfield Rd Crest Hill, IL, 60403

ComEd 1919 Swift Drive Oak Brook, IL, 60523

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

IL Tollway PO Box 5544 Chicago, IL, 60608

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608

Comcast p.o. box 196 Newark, NJ, 07101

ATT Mobility One AT&T Way Bedminster, NJ, 07921

Check N Go 2116 W Jefferson St Joliet, IL, 60435 PLS - Bankruptcy PO Box 800849 Dallas, TX, 75380

ASSET ACCEPTANCE c/o JUTLA SANJAY 11 E ADAMS #906 Chicago, IL, 60603

South Suburban Cardiology Associates 3800 W. 203rd St. Olympia Fields, IL, 60461

South Suburban Hospital 17800 Kedzie Ave. Hazel Crest, IL, 60429

Ingalls Memorial Hospital 27685 Network Place Chicago, IL, 60673

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1765.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00 Motion to Reopen \$350.00 + court costs

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments;

or

2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 06/04/2018

Client

Client

Attorney

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Debtor 1 Katerina First Name		Smith C	Case number (if known)	
AND	estions for Reporting Purposes			
16. What kind of debts do you have?	16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily	consumer debts? Cons primarily for a personal, business debts? Busine nvestment or through the	family, or household purpose." ess debts are debts that you incurred to de operation of the business or investment umer debts or business debts.	obtain
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that	r 7. Do you estimate that aft	er any exempt property is excluded and adr stribute to unsecured creditors?	ninistrative
18. How many creditors do you estimate that you owe?	✓ 1-49✓ 50-99✓ 100-199✓ 200-999	1,000-5,000 5,001-10,000 10,001-25,00		
19. How much do you estimate your assets to be worth?	▼ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$ \$10,000,001- \$50,000,001- \$100,000,001	\$50 million	-\$10 billion 1-\$50 billion
20. How much do you estimate your liabilities to be?	▼ \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$ \$10,000,001- \$50,000,001- \$100,000,001	\$50 million	-\$10 billion 1-\$50 billion
Part 7: Sign Below	Lhave examined this potition is	and I declare under penelt	y of perjury that the information provide	d in true and
For you	correct. If I have chosen to file under C of title 11, United States Code under Chapter 7. If no attorney represents me arout this document, I have obta I request relief in accordance w I understand making a false state connection with a bankruptcy both. 18 U.S.C. §§ 152, 1341,	hapter 7, I am aware that. I understand the relief a and I did not pay or agree tined and read the notice with the chapter of title 11 atement, concealing proposase can result in fines up	I may proceed, if eligible, under Chapter vailable under each chapter, and I choose o pay someone who is not an attorney to required by 11 U.S.C. § 342(b). , United States Code, specified in this perty, or obtaining money or property by for p to \$250,000, or imprisonment for up to	7, 11,12, or 13 e to proceed o help me fill etition.
	Signature of Debtor 1		Signature of Debtor 2	
	Executed on 6/4/2018 MM / D	D/YYYY	Executed onMM / DD / YYYY	_

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Fill in this infor	Fill in this information to identify your case:					
Debtor 1	Katerina	RL	Smith			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		Northern	District of Illinois (State)			
Case number (If known)						

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Part 1: Sign Below					
Did you pay or agree to pay someone who is NOT an attorney to	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?				
✓ No					
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				
Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and				
/s/ Katerina Smith Signature of Debtor 1	Signature of Debtor 2				
Date 6/4/2018 MM/DD/YYYY	Date MM/DD/YYYY				

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Deb	tor 1 Katerina	RL	Smith	Case number (if known)	
	First Name	Middle Name	Last Name		
28.	creditors, or other parties.	iled for bankruptcy, did y	you give a financial state	ement to anyone about your business? Include all financial insti	utions,
	✓ No Yes. Fill in the details b	elow.			
			Date issued		
	Name		MM/DD/YYYY		
	Number Street		_		
	riambo. Sussi				
	City Sta	ate Zip Code	_		
Part	12: Sign Below				
1	true and correct. I understa	nd that making a false si	atement, concealing pr	chments, and I declare under penalty of perjury that the answers roperty, or obtaining money or property by fraud in connection we p to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.	
	Signature of	100	CANA	Signature of Debtor 2	
	Date 6/4/2	018		Date	
1			of Einanoial Affaire for In	ndividuals Filing for Bankruptcy (Official Form 107)?	
		iges to Tour Statement	or Fillancial Allalis for III	idividuals Filling for Bankruptey (Official Form 107):	
	✓ No Yes				
		a.			
	Did you pay or agree to pay	someone who is not an a	attorney to help you fill o	out bankruptcy forms?	
	✓ No			and the second of the second of	
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

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ebtor	Katerina	RL	Smith	Case number (if		
	First Name	Middle Name	Last Name	known)		
2:	List Your Unexpire	ed Personal Property Leas	es			
rma	tion below. Do not lis		l leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).		
Des	scribe your unexpired	personal property leases		Will the lease be assumed?		
Les	sor's name:			□ No □ Yes		
	cription of leased perty:			_		
Les	sor's name:			□ No □ Yes		
	cription of leased perty:					
Les	sor's name:			□ No □ Yes		
	cription of leased perty:			_		
Les	sor's name:			☐ No ☐ Yes		
	cription of leased perty:			—		
Les	sor's name:			No Yes		
	cription of leased perty:					
Les	sor's name:			□ No □ Yes		
	scription of leased perty:					
Les	sor's name:			☐ No ☐ Yes		
	scription of leased perty:			ப		
3:	Sign Below					
Unde	er penalty of perjury,	I declare that I have indicated o an unexpired lease.	my intention about any	property of my estate that secures a debt and any personal		
-	/s/ Katerina Smith	Katerdan	× Sig	nature of Debtor 2		
	ate 6/4/2018 MM/DD/YYYY		Da			

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

in re:	Debtor(s)	Case No	Case No.				
		Chapter.	Chapter7				
	VERIFI	CATION OF CREDITOR MATRIX					
Th knowledge		fy that the attached list of creditors is true and	d correct to the best of their				
Date:	6/4/2018	/s/ Smith, Katerina R L Smith, Katerina R L Signature of Debtor	Kateran				

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Debtor 1		RL	Smith	Case numbe	Case number (if known)			
	First Name	Middle Name	Last Name	Column A Debtor 1		Column B Debtor 2 or non-filing spou	se	
Do no	ployment compensation t enter the amount if you the Social Security Act. I	contend that the amoun	t received was a benefit	\$0.00		-		
For yo	our spouse		\$0.00 \$0.00					
	on or retirement incom t under the Social Securi	ne. Do not include any am ty Act.	ount received that was a	\$0.00				
amou payme interna	nt. Do not include any beents received as a victim	ces not listed above. Spe enefits received under the of a war crime, a crime ag ism. If necessary, list othe	Social Security Act or ainst humanity, or					
Other	Government Assistance			\$434.00				
Total	amounts from separate p	pages, if any.		+\$0.00	7 1	+	_	
each		nt monthly income. Add	5 to C	\$2,531.34	+		_ =	<u>\$2,531.34</u>
colu	ımn. Then add the total	for Column A to the total t	or Column B.	2				T-1-1
								Total current monthly income
		the Means Test App	47 MOV 100 MOVE AND					
		thly income for the year nonthly income from line 1	e se		Copy line	e 11 here →		\$2,531.34
	Multiply by 12 (the numb	per of months in a year).						X 12
12b. 7	The result is your annual	income for this part of the	e form.				12b.	\$30,376.08
10 Calar	data tha wadian famili	de a como de a de a completo de	Fallen there at					
== 4 19		income that applies to	Illinois	 				
Fill in	the state in which you liv	/e	3					
Fill in	the number of people in	your household.						
Fill in house		e for your state and size o	of				13.	\$80,233.00
instru	ctions for this form. This	lian income amounts, go list may also be available						
14. How	do the lines compare?							
14a.	Line 12b is less than Go to Part 3.	or equal to line 13. On the	ne top of page 1, check b	ox 1, There is no presump	otion of ab	ouse.		
14b.	Line 12b is more that Go to Part 3 and fill		page 1, check box 2, The	presumption of abuse is	determined	d by Form 122A-	2.	
Part 3:	Sign Below							
By s	igning here, I declare und	der penalty of perjury that	the information on this s	tatement and in any attach	ments is t	true and correct.		
×	/s/ Katerina Smith	VAA	1	×				
_	Signature of Debtor 1	Hyrian		Signature of Debtor 2				
	Date 6/4/2018 MM/DD/YYYY			Date 6/4/2018 MM/DD/YYYY				
		NOT fill out or file Form out Form 122A-2 and file					٠	